

2004 Medical Options Comparison

State of Tennessee Group Insurance Program

Local Government Plan Participants

The benefits listed below are a summary of some common benefit categories. Please refer to vendor member handbooks for complete information on coverage, limitations and exclusions.

BENEFIT	PPO OPTION		PPO LIMITED OPTION <div>NEW</div>		POS OPTION		HMO OPTION
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	
Annual Deductible*	\$300 per individual; \$750 family*		\$500 per individual; \$1,500 family*		None	\$300 per individual; \$750 family	None
Pre-Existing Condition Requirement	6 months if no immediately prior coverage		6 months if no immediately prior coverage		6 months if no immediately prior coverage		None
Physician Office Visit	90% of MAC	70% of MAC	80% of MAC	60% of MAC	\$20 copay PCP***; \$25 copay specialist	70% of MAC after deductible	\$15 copay PCP; \$20 copay specialist
Hospital Care	90% of MAC	70% of MAC	80% of MAC	60% of MAC	\$100 per admission	\$300 per admission then 70% per diem after deductible	\$100 per admission
Prescription Drug Coinsurance/Copay**	\$5 for generic; \$20 preferred brand; \$40 non-preferred brand **	\$5 for generic; \$20 preferred brand; \$40 non-preferred brand + MAC **	0% for generic; 20% preferred brand; 40% non-preferred brand **	0% for generic; 20% preferred brand; 40% non-preferred brand + MAC **	\$5 for generic; \$20 preferred brand; \$40 non-preferred brand**	70% of MAC after deductible	\$5 for generic; \$20 preferred brand; \$40 non-preferred brand **
Maternity	90% of MAC	70% of MAC	80% of MAC	60% of MAC	\$20 copay per visit, \$260 maximum; \$100 copay per hospital admission	\$300 copay then 70% per diem after deductible	\$15 copay OB, first visit only; \$20 copay specialist; \$100 admission hospital
Preventive Health Assessment and Immunizations	90% of MAC; Immunizations covered through age 5; Maximum of 12 visits	70% of MAC; Immunizations covered through age 5; Maximum of 12 visits	80% of MAC; Immunizations covered through age 5; Maximum of 12 visits	60% of MAC; Immunizations covered through age 5; Maximum of 12 visits	100% benefit; Immunizations covered through age 5; Maximum of 12 visits	Not covered	\$15 copay PCP; \$20 copay specialist; Immunizations covered up to age 17
Emergency Care	\$25 copay (waived if admitted) 90% of MAC	\$25 copay (waived if admitted) 70% of MAC	\$25 copay (waived if admitted) 80% of MAC	\$25 copay (waived if admitted) 60% of MAC	\$50 copay per visit (waived if admitted)	\$50 copay per visit then 70% of MAC after deductible (copay waived if admitted)	\$50 copay per visit (waived if admitted)
Chiropractic Care	90% of MAC — Maintenance visits not covered when no additional progress is apparent or expected to occur	70% of MAC — Maintenance visits not covered when no additional progress is apparent or expected to occur	80% of MAC — Maintenance visits not covered when no additional progress is apparent or expected to occur	60% of MAC — Maintenance visits not covered when no additional progress is apparent or expected to occur	\$20 copay (Middle and West only, POS East does not have this benefit)	70% of MAC after deductible (Middle and West only, POS East does not have this benefit)	Not covered
Ambulance Service — Air and Ground	80% of reasonable charges when deemed medically necessary by claims administrator		80% of reasonable charges when deemed medically necessary by claims administrator		100% of reasonable charges when deemed medically necessary by claims administrator		100% of reasonable charges when deemed medically necessary by claims administrator
Lab and X-Ray	90% of MAC	70% of MAC	80% of MAC	60% of MAC	100% benefit	70% of MAC after deductible	100% benefit
Physical, Speech and Occupational Therapy	90% of MAC; Some limitations may apply	70% of MAC; Some limitations may apply	80% of MAC; Some limitations may apply	60% of MAC; Some limitations may apply	\$20 copay per visit; Limited to 45 visits per year per condition	70% of MAC; Limited to 45 visits per year per condition after deductible	\$15 copay per visit; Limited to 45 visits per year per condition
Mental Health Inpatient*	90% if referred; Limited to 45 days per year	70% if self-referred; Limited to 45 days per year	80% if referred; Limited to 45 days per year	60% if self-referred; Limited to 45 days per year	\$100 copay per admission; Limited to 30 days per year	Not covered	\$100 copay per admission; Limited to 30 days per year
Substance Abuse Inpatient*	90% if referred; Limited to two 5-day detox stays per lifetime; plus two 28-day lifetime stays	70% if self-referred; Limited to two 5-day detox stays per lifetime; plus two 28-day lifetime stays	80% if referred; Limited to two 5-day detox stays per lifetime; plus two 28-day lifetime stays	60% if self-referred; Limited to two 5-day detox stays per lifetime; plus two 28-day lifetime stays	\$100 copay per admission; Limited to two 5-day detox stays per lifetime; plus two 28-day lifetime stays	Not covered	\$100 copay per admission; Limited to two 5-day detox stays per lifetime; plus one 28-day lifetime stay
Mental Health/Substance Abuse Outpatient*	Referred: Sessions 1-15: \$5 copay/session Sessions 16-45: \$25 copay/session	Self-Referred: Sessions 1-15: \$40 copay/session Sessions 16-45: \$100 copay/session	Referred: Sessions 1-15: \$5 copay/session Sessions 16-45: \$25 copay/session	Self-Referred: Sessions 1-15: \$40 copay/session Sessions 16-45: \$100 copay/session	\$25 copay per session; Limited to 45 sessions mental health and substance abuse combined, must be preauthorized	Not covered	\$20 copay per session; Limited to 45 sessions mental health and substance abuse combined, must be preauthorized
Annual Out-of-Pocket Maximums (excludes mental health/sub. abuse)	\$1,300 per individual; \$2,600 family	\$3,900 per individual; \$7,800 family	\$5,500 per individual; \$11,500 family	\$16,500 per individual; \$33,000 family	None		None
Annual Pharmacy Copay Maximum	\$1,000 per individual**		None		None		None

MAC — Maximum Allowable Charge.
* Separate \$150 deductible for mental health/substance abuse care required under the PPO and PPO Limited; POS, PPO and PPO Limited mental health and substance abuse benefits must be pre-authorized and referred by United Behavioral Health to be reimbursable at the highest level.
** Does not apply to annual medical deductible or the annual medical out-of-pocket, if applicable. If cost of prescription is less than the copay, the lesser amount will apply. Home delivery available for extended prescriptions written for 90-102 days (as authorized by the claims administrator) for one copay.
*** A PCP designation in no longer required for POS Middle and West. The \$20 copay will apply when using any in-network pediatric, family practice, general practice, internal medicine or OB-GYN physician.